

1472

AGE could be stated EXACTLY. PHYSICIANS could state CAUSE OF DEATH if plain to them, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>			BUREAU OF VITAL STATISTICS	29 State Index No. <u>657</u>
District <u>Sulphur Springs Valley</u>			ORIGINAL CERTIFICATE OF DEATH	
Town			County Registered No. <u>332</u>	
Or City <u>Cabernet addition to Douglas</u>			Local Registrar's No. <u>44</u>	
No. _____			St. _____	
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)				
FULL NAME <u>Samuel Key Rendall</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED		
DATE OF BIRTH <u>Nov 13 1833</u> (Month) (Day) (Year)				
AGE <u>79 yrs. 6 mos. 26 days</u> If less than 1 day, hrs., or min.				
OCCUPATION (a) Trade, profession or particular kind of work. <u>at Home</u> (b) General nature of industry, business, or establishment in which employed or (employer).				
BIRTHPLACE (State or country) <u>Tennessee</u>				
NAME OF FATHER <u>John Key Rendall</u>				
BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>				
MAIDEN NAME OF MOTHER <u>Annie Henry</u>				
BIRTHPLACE OF MOTHER (State or county) <u>Tennessee</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Mrs. Key Rendall</u>				
(Address) <u>Douglas, Ariz.</u>				
PLACE OF BURIAL OR REMOVAL <u>Will Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>June 7 1913</u>		
UNDERTAKER <u>H. C. Strong</u>		ADDRESS <u>Douglas</u>		
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <u>June 8 1913</u> (Month) (Day) (Year)				
I hereby certify, that I attended deceased from <u>May 14 1913</u> to <u>June 7 1913</u> ; that I last saw him alive on <u>June 7 1913</u> and that death occurred on the date stated above at <u>5 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Chronic Interstitial Nephritis</u>				
Was disease contracted in Arizona? <u>Yes</u>				
If not, where? _____				
CONTRIBUTORY _____				
(Duration) _____ yrs. _____ mos. _____ days				
(Signed) <u>W. L. Tamm</u>				
<u>6/9 1913</u> (Address) <u>Douglas, Ariz.</u>				
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
LENGTH OF RESIDENCE				
At place of death, yrs. _____ mos. _____ ds. In Arizona, yrs. _____ mos. _____ ds.				
Former or Usual Residence _____				
Filed <u>6/9</u> <u>W. L. Tamm</u>				
Local Registrar				
Filed <u>July 21 1913</u> <u>L. L. Tamm</u>				
County Registrar				